New York State Statewide COVID-19 Nursing Homes and Adult Care Facility Fatalities

DATA DICTIONARY

Office of Primary Care and Health Systems Management

December 2021

Health Data NY

NEW YORK STATE | Department of Health

Field Name	Definition
DOH_Reg_Office	Department of Health Regional Office
Fac_County	County of the Facility
Fac_ID	Unique Facility Identification Number
Fac_Type	Type of Facility
Fac_Name	Name of the Facility
Week_End_Report_Date	Reporting Week Ending Date ** A reporting week is the 7 days prior to and including the Week Ending Date shown**
Week_End_Report_Count	Count of number of days with data reported during the 7-day reporting period
Confirmed_In_Facility	The number of lab-confirmed positive COVID-19 fatalities that occurred at the facility during the reporting week.
Confirmed_Out_Of_Facility	The number of lab-confirmed positive COVID-19 fatalities that occurred outside of the facility during the reporting week.
Presumed_In_Facility	The number of presumed positive COVID-19 fatalities that occurred at the facility during the reporting week.